

## Mentor Application Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ *must be 18 or older*

Year in School: \_\_\_\_\_

Major: \_\_\_\_\_

Gender Identity:  Female  Male  Transgender \_\_\_\_\_ Other

Sexual/Affectional Orientation (To whom you are most emotionally and/or sexually attracted to):

Male  Female  Both

Ethnicity:

African/African-American  Asian/Asian-American  Middle Eastern  
 European American/Caucasian  Latino/Latina  American/Native Indian  
 Bi- or Multi-ethnic (please specify) \_\_\_\_\_  
 Other \_\_\_\_\_

International Student:  yes  no Country of Origin: \_\_\_\_\_

Relationship Status:

Same-sex relationship  
 Opposite sex relationship  
 None  
Other \_\_\_\_\_

Religious/Spiritual Ideology (if any): \_\_\_\_\_

Why are you interested in the Mentoring Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the Mentoring Program? \_\_\_\_\_

What involvement, if any, do you have with the LGBT community?

Know someone gay  Campus Organization  Same-gender relationship   
The LGBT Resource Center  Discussion Group  Clubs/Bars   
Other \_\_\_\_\_ No Involvement

Please Return to LGBT Student Resource Center  
101 Boucke Building  
Pennsylvania State University  
863-1248